Statement of
The Honorable Craig Thomas
U.S. Senator from Wyoming

Hearing on
VA Capital Asset Realignment for Enhanced Services Initiative
September 22, 2003
Denver, Colorado

Mr. Chairman and members of the CARES Commission:

I thank you for this opportunity to comment on the CARES process, and more specifically, the Committee's recommendations for VISN 19, the Rocky Mountain Network. There is little doubt that the VA Health Care system is in need of reform, and I commend the Commission in its efforts to streamline the system and make it more effective to better serve the needs of our veterans. The current recommendations for VISN 19 and the Cheyenne VAMC, however, are questionable for a number of reasons and should be revisited.

Current recommendations by the Committee in the draft CARES reports suggest downsizing the Cheyenne VAMC to a Critical Access Hospital, and that inpatient surgical services provided by the Cheyenne VAMC be cut and either transferred to the Denver VAMC or contracted to private facilities. In making these recommendations, the Commission has failed to take into account several factors of significance.

The Cheyenne VAMC plays an integral role in a medically underserved and generally rural area. The facility services not only veterans from the State of Wyoming, but also northern Colorado and western Nebraska – a geographic area of over 143,000 square miles. The volume of inpatient medical and surgery case handled by Cheyenne is growing and is sufficient to necessitate the continuation of these services. In fact, if enhanced access to health care is indeed a priority, services provided in Cheyenne should be increased rather than cut.

The staff in Cheyenne continues to do an outstanding job to accommodate the growing work load, including developing and maintaining partnerships with local hospitals and clinics to more effectively serve the veteran community of this tri-state area. These partnerships allow the valuable access to the necessary technology and services required for a top notch surgical program. Additionally, through its surgical program the Cheyenne VAMC is a training site for the Cheyenne University of Wyoming family practice program, which trains doctors for this medically underserved area.

Elimination of inpatient surgery would lead to many problems down the road. The absence of complex surgery at Cheyenne will result in the loss of surgeons and impede the ability to recruit qualified surgeons who would handle only outpatient surgery. The removal of inpatient surgery would result in a loss of specialized nurses in the surgery and intensive care unit, and eventually diminish the high competency level of those caring for only "low risk" patients. The elimination of complex gynecological services results in the loss of care for female veterans. With the

transfer of these vital services, many other minor, but no less important, services fall by the wayside. If a goal is enhanced access to quality health care for veterans, the current recommendations of a transfer of services fall short.

One must consider the impact of the recommendations on the aging and ailing veteran population. Veterans from underserved areas already traveling great distances to the Cheyenne VAMC will be forced to travel even further to Denver. Increased driving distances coupled with harsh weather conditions through the better part of the calendar year, and incurred family expenses associated with travel and extended stays place unfair and unnecessary burdens on the veteran population. When patients are transferred from Cheyenne, cost effectiveness for the VA system suffers as a result of the expenses associated with moving patients over one hundred miles to the facility in Denver.

The Denver VAMC is over loaded and unable to accept the influx of patients presently served in Cheyenne. If the current recommendations of the Committee are accepted, the results for veterans would inevitably include longer waits for care in a back-logged system and a subsequent decline in prompt, quality care they deserve. I say to you once again, that if better access to health care for our veterans is a goal of the CARES process the current recommendations fall short.

Mr. Chairman and members of the Commission, the goals laid out in the CARES process are admirable, and I sincerely appreciate your efforts to attain them. There is no doubt that hard and sometimes painful choices need to be made. However, the draft plan as recommended is indeed flawed in its approach to the Cheyenne VAMC. I would encourage you to revisit the issue and give more attention to the original VISN 19 market plan. I believe that to do otherwise would be a disservice not only to our nation's veterans, but to the American taxpayer as well.

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September 3, 2003

The Honorable Everett Alvarez, Jr.
Chairman
CARES Commission
Department of Veterans Affairs
Washington, DC

Attn: Richard E. Larson
Executive Director

Chairman Alvarez, Member of the CARES Commission:

Thank you for your invitation to participate in the CARES Commission hearing to review health care services for veterans on September 3, 2003, in Minneapolis, Minnesota.

The CARES Commission hearing on the draft national plan to improve VA health care services is critical, and I regret, due to the United States Senate legislative schedule, I am not able to participate. I, along with other members of the North Dakota Congressional Delegation, urged that the CARES Commission schedule an additional hearing in North Dakota to offer veterans living considerable distances from the hearings in Minneapolis and Billings an opportunity to participate. As you know, the hearing location is more than 9 hours away for many veterans to participate and I deeply regret that a hearing in North Dakota could not be scheduled to enable more North Dakota veterans to participate.

Since the announcement by the Department of Veterans Affairs of the CARES Commission formation and agenda, I have followed closely the Commission proceedings on the review of the VA health care system, especially how the VA will meet the growing needs of veterans into the 21st Century. No undertaking, in my view, is more important to the future of VA healthcare. Today, we have military personal involved in conflicts in many corners of the globe including Iraq, Afghanistan, Bosnia and Liberia and veterans of these conflicts will eventually rely on the system you are developing

In those conflicts and peacekeeping operations, there are many North Dakota National Guardsmen, reservists and active duty personnel who are currently serving in these areas. In fact, per capita, no state has more citizens in the National Guard, nor a larger share of Guard personnel mobilized than North Dakota. We are among the leaders in the Reserves as well. North

Dakotans have always answered the call and sacrificed considerably to protect the freedoms we enjoy today. Without question, we have a solem obligation to ensure that those military personnal and families that are sacrificing today have their health care and other benefits protected and increased in every way possible. The review by the CARES Commission is critical in ensuring that our current veterans and those who will serve in future conflicts will receive the medical care and other services that they deserve.

I have reviewed the recently released draft national report of the CARES Commission and noted the Commission's recommendations with respect to services for the more than 60,000 veterans in North Dakota. As you may be aware, North Dakota is a very rural state and more than 50 percent of our veterans reside in rural communities more than 100 miles from the nearest VA medical facility. North Dakota currently has 4 medical facilities including the Fargo VA Medical Center and 3 VA Community Based Outpatient Clinics (CBOC), in Grafton, Bismarck and a cooperative arrangement with a DOD clinic on the Minot AFB. These facilites are critical in providing access to medical care for veterans living considerable distance from the Fargo VA Medical Center.

I noted in the draft Commission report that there are recommendations to improve tertiary care, increase speciality care and increase access to health care through increased community contract services. However, the critical recommendations of Fargo and VISN 23 VA officials to improve access to VA health care through an expansion of CBOCs has not been designated as a high priority category. This omission is unacceptable; we must do more to ensure greater local and regional access to primary care for North Dakota veterans.

Earlier in the CARES Commission process, a number of locations in North Dakota, including Devils Lake, Jamestown, Williston, Dickinson and Grand Forks AFB were recommended as possible sites for CBOC expansion to improve access. Unfortunately, the Commission draft report does not consider the expansion of CBOC to these communites are a high priority for implementation.

I regret this decision since North Dakota ranks the lowest in terms of veterans access to VA health care services. According to VA guidelines, only 37 percent of veterans have access to primary care in North Dakota and there is not a proposal to increase that level in the draft national plan. I strongly urge the CARES Commission to take into consideration the critical needs of veterans living in rural areas and to recommend the establishment of VA Community Based Outpatient Clinics in the rural communities that were recommended for CBOC expansion by both Fargo and VISN 23 VA officials as soon as possible.

Thank you for the opportunity to comment on the CARES Commission draft national report. I hope the Commission members will pay close attendtion to the access concerns and unique needs of veterans living in our rural communities. Thank you for the vital work you are undertaking as you review how best to meet the needs of our veterans in the 21st Century. Please keep in mind our military personnel currently serving in overseas conflicts as you make recommendations regarding future medical care and services for our veterans.

Sincerely,

KENT CONRAD
United States Senate

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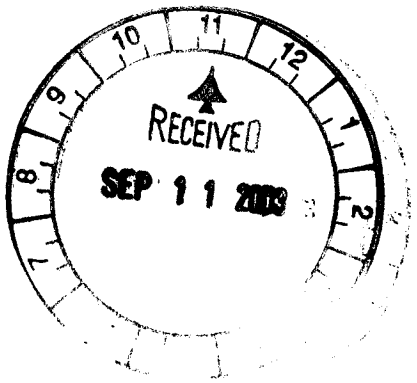

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August 29, 2003

Richard E. Larson
Executive Director
VA CARES Commission
Veterans Administration
810 Vermont Avenue, NW
Washington, D.C. 20420

Dear Mr. Larson:

Thank you for the opportunity to offer comment on the Veterans Administration (VA) Capital Asset Realignment for Enhanced Services (CARES) Commission draft plans for VISN 23 and VISN 19.

I believe that the CARES Commission report makes recommendations important to the continued viability of the VA healthcare system. The United States faces an aging population along with an ever-growing number of veterans. As our country deals with these changing demographics, the VA's healthcare facilities must be reassessed and realigned in order to efficiently provide veterans with quality healthcare. It is my hope that the changes laid out in the Commission's report will allow all eligible veterans to better access to the care they need.

As a rural state, North Dakota's primary problem with VA healthcare is access. Many of our veterans are two to three hours away from the closest community-based outpatient clinic (CBOC) and a full day's drive away from the state's only VA hospital in Fargo. Many veterans find it difficult to make this kind of trip because of illness or the inability to take time off from a job. Consequently, they are sometimes prevented from obtaining the care they need.

For these reasons, I was pleased to see that the Commission's draft plan includes four new CBOCs for North Dakota located in Dickinson, Jamestown, Williston, and Devils Lake. With these new outpatient clinics, the number of North Dakota veterans within 60 miles of a primary care facility would increase from 37 percent to 63 percent. This will become increasingly important as the current veteran population ages and new veterans begin to enroll in the VA healthcare program.

Unfortunately, these clinics are not designated as high priority improvements by the CARES Commission report. I cannot overstate how important new CBOCs are to North Dakota veterans and I believe that a rural market like North Dakota will benefit greatly from these cost-effective primary care facilities. While most eligible veterans are not frequently in need of the

inpatient care that a full-service hospital provides, it is imperative that outpatient primary care be accessible to North Dakota veterans according to the VA 60-mile-radius guidelines, which are standard for rural areas across the country. I urge you to designate North Dakota's CBOCs as a high priority.

Again, thank you for allowing me to share my views on the draft plan. North Dakotans are proud of their veterans and appreciate the sacrifices of these brave men and women. They deserve the increased access to quality healthcare that the four proposed CBOCs can provide.

Sincerely,

EARL POMEROY
Member of Congress

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